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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 000	200001		CITY OR TOWN	ABINGTO	N
APPLICATION FOR RE	NEWAL:	Annual	LICEN	ISED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: GR DOING BUSINESS A G ADDRESS 497 BEDFOR	REAT CHOW	IGTON,INC.			
CITY/TOWN: ABINGT		ATE: MA	ZIP CODE:	02351	
		LICENSE: Res		ATEGORY:	All Alachal
MANAGER: Lau, chak	sing TTFE OF	LICENSE. Res	taurant C	ATEGORI.	All Alcohol
EMAIL ADDRESS:	E ALSO VISIT OUR WEBSITE A	AD EMPED VOLID EN	IAH ADDDESS		
DESCRIPTION OF LICE		ND ENTER YOUR EN	IAIL ADDRESS		
1 FRONT,2 REAR AND COCKTAIL LOUNGES,1	SIDE ENTRANCES A		NE FLOOR,2 DIN	NING ROOMS	S,2
2. the licensee ha	ense will be of the sans complied with all law re now open for busine	ne type for the vs of the Comn	nonwealth relating t		
SIGNED BY	ividual, Partner or Au	horized Corpo	rate Officer		
DATE:	TELEPHONE NUM	MBER:		R IDENTIFICAT	
We the undersigned, att Acts of 2004, signed by named license and (2) th	the building inspector	and the head	of the fire depart	ment for the	above
of 2010.				•	of the field
			LOCAL LICENS By:		



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LICENSE NUMBER: 0002	200002		C	CITY OR TO	OWN	ABINGTO	DN
APPLICATION FOR REN	EWAL:	Annu	al	L	ICENS	SED FOR 2	013
		CLAS	SS				YEAR
LICENSEE NAME: FOR	PETE'S SAKE	INC.					
DOING BUSINESS A AB	INGTON ALE	HOUSE & C	RILL				
ADDRESS 1235 BEDFOR	D ST						
CITY/TOWN: ABINGTO)N	STATE:	MA	ZIP COI	DE:	02351	
MANAGER: BARRETT RICHARD	·	E OF LICEN	SE:Resta	urant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:							
PLEASE	ALSO VISIT OUR WEB	SITE AND ENTER	YOUR EMA	L ADDRESS			
DESCRIPTION OF LICEN							
2 FLOORS AND BASEMI 2ND FLR;4 ROOMS FOR							
I hereby certify and swear u	ander penalties o	of perjury tha	t:				
1. the renewed lice	ense will be of th	e same type	for the sa	me premise	es now	licensed;	
2. the licensee has	complied with a	ll laws of the	Commo	nwealth rela	ating to	taxes; and	
3. the premises are	now open for b	usiness (If no	ot explair	below)			
SIGNED BY							
Indi	vidual, Partner o	r Authorized	Corpora	te Officer			
DATE:	TELEPHONE	NUMBER:					ΓΙΟΝ NUMBER:
				(Note: <u>N</u>	OT Ind	ividual Social S	Security Number)
We the undersigned, atte Acts of 2004, signed by the named license and (2) the of 2010.	ne building insp	ector and th	e head o	f the fire d	lepartr	nent for the	above
<u>Please Check Below:</u>				LOCAL LI	ICENS	ING AUTH	ORITY
APPROVED:				By:			
DISAPPROVED:							
(If disapproved explain)							
DATE:							



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	X : 000200003		CITY OR TO	WN ADINGIO	JIN .
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 1400 BE		NC.			
CITY/TOWN: ABI		STATE: MA	ZIP CODE	E: 02351	
					A11 A1 1 1
	VI, VINCENT TYI	PE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF	PLEASE ALSO VISIT OUR WILLICENSED PREMIS		EMAIL ADDRESS		
	OUNGE,4 DINING 1		OOM AND KIT	CHEN ON 1ST F	FLOOR.
I hereby certify and s 1. the renew 2. the licens	swear under penalties yed license will be of ee has complied with ses are now open for	of perjury that: the same type for the all laws of the Com	e same premises monwealth relati	now licensed;	
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:		OYER IDENTIFICAT Individual Social S	
Acts of 2004, signed	d, attest that we are d by the building ins (2) the certificate of	spector and the hea	d of the fire dep	partment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LIC By:	ENSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 000200004		CITY OR TOWN	ABINGTO	1
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS		•	YEAR
LICENSEE NAME: OMOTO GARDEN	N, INC.			
DOING BUSINESS A OMOTO GARDI	EN			
ADDRESS 1501 BEDFORD ST				
CITY/TOWN: ABINGTON	STATE: MA	ZIP CODE:	02351	
MANAGER: HUANG, MELODY TYPE	PE OF LICENSE: Re	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMISONE FLOOR. TWO ROOMS; DINING A line of the renewed license will be of 2. the licensee has complied with 3. the premises are now open for SIGNED BY Individual, Partner	SES: AND LOUNGE. of perjury that: the same type for the all laws of the Com	e same premises now monwealth relating to lain below)		
DATE: TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi	IDENTIFICATI	
We the undersigned, attest that we are Acts of 2004, signed by the building insnamed license and (2) the certificate of of 2010.	spector and the hea	d of the fire departn	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	PRITY
DATE:				



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LICENSE NUMBER: 0002	00005		CITY	OR TOWN	ABINGTO	N
APPLICATION FOR REN	EWAL:	Annua	1	LICENS	SED FOR 20	13
		CLAS	S		,	YEAR
LICENSEE NAME: TIM	BER LANES INC	C.				
DOING BUSINESS A						
ADDRESS 460 BEDFORD	ST.					
CITY/TOWN: ABINGTO	N	STATE:	MA ZII	P CODE:	02351	
MANAGER: HAMRIC, I N.	PHILIP TYPE (OF LICENS	E:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEASE A	ALSO VISIT OUR WEBSI	TE AND ENTER Y	YOUR EMAIL ADDR	ESS		
DESCRIPTION OF LICEN						
LOUNGE AREA 25' X 45', KITCHEN, MEN'S AND L			ON NORTH	AND WEST	WALLS.	
I hereby certify and swear u	nder penalties of	perjury that	:			
1. the renewed lice	nse will be of the	same type f	or the same pr	remises now	licensed;	
2. the licensee has	-			_	taxes; and	
3. the premises are	now open for bus	siness (If no	t explain below	w)		
SIGNED BY			G	••		
Indiv	vidual, Partner or	Authorized	Corporate Off	icer		
DATE:	TELEPHONE N	NUMBER:	()			ION NUMBER:
			(1)	iote. <u>NO1</u> man	ividuai Sociai Se	ecurity Number)
We the undersigned, atterdates of 2004, signed by the named license and (2) the of 2010.	e building inspec	ctor and th	e head of the	fire departn	nent for the	above
Please Check Below:			LOC	AL LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain)						
DATE:						



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LICENSE NU	MBER: 000200007		CITY OR TOWN ABIN	IGTON
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE N	AME: HAN-LEE G	ROUP INC.		
DOING BUSI	NESS A J.P. RYAN	'S TAVERN		
ADDRESS 24	6 BROCKTON AVE	3		
CITY/TOWN	: ABINGTON	STATE: MA	ZIP CODE: 0235	1
MANAGER:	HANLEY, MATTHEW V.	TYPE OF LICENSE:	Restaurant CATEGO	ORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PI	REMISES:		
ONE FLOOR,	, MAIN ROOM AND	TWO LAVATORIES		
I hereby certify	y and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for t	he same premises now license	ed;
2. the	licensee has complie	d with all laws of the Cor	mmonwealth relating to taxes;	and
3. the	premises are now op	en for business (If not ex	plain below)	
SIGNED BY	Individual, F	Partner or Authorized Con	porate Officer	
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENT	IFICATION NUMBER:
Acts of 2004,	signed by the build	ing inspector and the he	the certificate required by Cead of the fire department for surance required by Chapte	or the above
Please Check Bel	low:		LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapprove	a expiain)			
DATE:			-	
APPLICATION FOI	R RENEWAL MUST BE FILE	ED BY LICENSEES DURING THE	E MONTH OF NOVEMBER (M.G.L. Ch.	138 \$ 16A)



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LICENSE NUMBER	:000200008		CITY OR TOWN	ADINGTON
APPLICATION FOR	RENEWAL:	Annual	LICEN	NSED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	ABINGTON OLD	TOWN POST#5737	V.F.W.BLDG.AS	SOC.INC
DOING BUSINESS	A ABINGTON OL	D TOWN POST 5737	VFW	
ADDRESS 30 CENT	RAL STREET			
CITY/TOWN: ABI	NGTON	STATE: MA	ZIP CODE:	02351
MANAGER: JONE FRAM		PE OF LICENSE: Vet	erans club C	CATEGORY: All Alcohol
EMAIL ADDRESS:				
1	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMI	SES:		
1 FLR;2 BARS IN H POOL,COMMITTEE BLDG IN PICNIC G ONLY.	E,ADJUTANTS,CO		ROOMS. 4 TOIL	
I hereby certify and s	wear under penaltie	s of perjury that:		
1. the renewe	ed license will be of	the same type for the	same premises nov	v licensed;
2. the license	e has complied with	all laws of the Comn	nonwealth relating	to taxes; and
3. the premis	es are now open for	business (If not expla	in below)	
SIGNED BY	Individual, Partne	r or Authorized Corpo	rate Officer	
DATE:	TELEPHON	IE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: <u>NOT</u> Ir	ndividual Social Security Number)
Acts of 2004, signed	by the building in	spector and the head	of the fire depar	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICEN By:	SING AUTHORITY
(If disapproved expla	in)			
DATE:				
D111L.				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 000200010		CITY OR TOWN	ABINGTO	N
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME DOING BUSINES ADDRESS 340 CE	S A D'ANN'S RESTA	URANT			
CITY/TOWN: AI	BINGTON	STATE: MA	ZIP CODE:	02351	
	ALESSANDRO, TYP PROTHY J.	PE OF LICENSE: R	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR	EMAIL ADDRESS		_
	F LICENSED PREMIS				
	2 DINING ROOMS, K I swear under penalties		GE ROOM AND RE	STROOMS.	
 the rene the licer 	ewed license will be of usee has complied with uses are now open for	the same type for th	monwealth relating t		
SIGNED BY	Individual, Partner	or Authorized Corp	oorate Officer		
DATE:	TELEPHON	E NUMBER:			TON NUMBER:
Acts of 2004, sign	ned, attest that we are ned by the building ins d (2) the certificate of	spector and the hea	d of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] 		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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LICENSE NUMBER: 000200011	(CITY OR TOWN ABINGTON
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: COLUMBUS DOING BUSINESS A	CLUB OF ABINGTON IN	C.
ADDRESS 254 HANCOCK ST		7/D CODE 00051
CITY/TOWN: ABINGTON	STATE: MA	ZIP CODE: 02351
MANAGER: CONNOLLY, THOMAS J	TYPE OF LICENSE: Club	CATEGORY: All Alcol
EMAIL ADDRESS:		
DESCRIPTION OF LICENSED PRI THREE ROOMS ON ONE FLOOR I hereby certify and swear under pena 1. the renewed license will be	AND A CELLAR. alties of perjury that: be of the same type for the same with all laws of the Commo	ame premises now licensed; onwealth relating to taxes; and
5. the premises are now open	ii ioi business (ii not expian	i below)
SIGNED BY Individual, Pa	urtner or Authorized Corpora	ate Officer
DATE: TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBI (Note: NOT Individual Social Security Numb
Acts of 2004, signed by the building	ng inspector and the head o	certificate required by Chapter 304 of to the fire department for the above ance required by Chapter 116 of the Ac
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:



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LICENSE NUMBER	R: 000200012		CITY OR TOWN	N ABINGTON
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 201 N. Q	A	INC.		
CITY/TOWN: ABI	NGTON	STATE: MA	ZIP CODE:	02351
MANAGER: LAI,	MAY WAH T	YPE OF LICENSE: Re	estaurant (CATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF				
ONE FLOOR; 2 ROO ENTRANCE IS 201		ND DINING ROOM	TWO ENTRANC	ES AND EXITS. MAIN
I hereby certify and s	wear under penalti	es of perjury that:		
1. the renew	ed license will be o	of the same type for the	e same premises no	w licensed;
	-	th all laws of the Com or business (If not exp	_	to taxes; and
SIGNED BY	Individual, Partn	er or Authorized Corp	orate Officer	
DATE:	TELEPHO	NE NUMBER:		ER IDENTIFICATION NUMBER: ndividual Social Security Number)
Acts of 2004, signed	d by the building i	nspector and the hea	d of the fire depar	ared by Chapter 304 of the etment for the above y Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICEN By:	ISING AUTHORITY
(If disapproved expla	un)			
DATE:				
ADDITION FOR DENEM	VAL MUST RE EII ED RY	LICENSEES DURING THE I	MONTH OF NOVEMBER	(M.G.I. Ch. 138 \$ 164)



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LICENSE NUMBE	ER: 000200015		CITY OR TOWN AB	INGTON
APPLICATION FO	OR RENEWAL:	Annual	LICENSED 1	FOR 2013
		CLASS		YEAR
LICENSEE NAME	E: CELLAR TAVER	N GROUP LLC		
DOING BUSINES	S A THE CELLAR			
ADDRESS 221 NO	ORTH AVENUE			
CITY/TOWN: AF	BINGTON	STATE: MA	ZIP CODE: 023	351
MANAGER: ELI	LIOT,NATHAN TYI	PE OF LICENSE: Res	staurant CATEO	GORY: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EN	IAIL ADDRESS	
	F LICENSED PREMIS			
•	ar area in basement of suring 52.1 ft long by		chen, two entrances and e	xits, and exterior
I hereby certify and	l swear under penalties	of perjury that:		
1. the rene	wed license will be of	the same type for the	same premises now licen	sed;
2. the licer	nsee has complied with	all laws of the Comn	nonwealth relating to taxe	s; and
3. the pren	nises are now open for	business (If not expla	nin below)	
CICNED DV				
SIGNED BY	Individual, Partner	or Authorized Corpo	rate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDEN	TIFICATION NUMBER:
			(Note: NOT Individua	Social Security Number)
We the undersign	ed. attest that we are	in possession (1) the	e certificate required by	Chapter 304 of the
Acts of 2004, sign	ed by the building in	spector and the head	of the fire department	for the above
named license and of 2010.	d (2) the certificate of	liquor liability insu	rance required by Chap	ter 116 of the Acts
Please Check Below:			LOCAL LICENSING	AUTHODITY
APPROVED:			LOCAL LICENSING By:	AUTHORITY
DISAPPROVED:			27.	
(If disapproved exp	olain)			
			-	
DATE:				
	EWAL MIJET DE EILED DY L	ICENSEES DUDING THE M		h 129 \$ 16A)
ALTLICATION FOR KEN	PAUT MOST DE LIPED BL F	ACTURED DOKING THE MO	ONTH OF NOVEMBER (M.G.L. C	n. 150 p 10A)



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LICENSE NUMBER: 000)200016		CITY OR TOWN	ABINGTO	N
APPLICATION FOR RE	NEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: TO	BY & MOLLY	INC.			
DOING BUSINESS A L	YNCH'S TAVE	RN			
ADDRESS 236 NORTH	AVENUE				
CITY/TOWN: ABINGT	ON	STATE: MA	ZIP CODE:	02351	
MANAGER: LYNCH, C.	WILLIAM TYF	PE OF LICENSE: Re	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEAS	E ALSO VISIT OUR WE	EBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF LICE	NSED PREMIS	SES:			
ONE FLOOR, TWO ROO DINING/LOUNGE AREA					
I hereby certify and swear	under penalties	of perjury that:			
1. the renewed lic	ense will be of	the same type for the	e same premises now	licensed;	
2. the licensee ha	s complied with	all laws of the Com	monwealth relating t	to taxes; and	
3. the premises ar	re now open for	business (If not exp	lain below)		
SIGNED BY					
Ind	lividual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:			TION NUMBER:
			(Note: NOT In	dividual Social S	Security Number)
We the undersigned, att Acts of 2004, signed by a named license and (2) the of 2010.	the building ins	pector and the hea	d of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					



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LICENSE NUN	ABER: 000200020		C	ITY OR TOW	N ADINGIC	JIN
APPLICATION	FOR RENEWAL:	Annu	al	LICE	ENSED FOR 2	013
		CLAS	SS			YEAR
LICENSEE NA	ME: POLISH CLUE	OF NORTH ABI	NGTON	INC. THE		
DOING BUSIN	IESS A					
ADDRESS 55	WALES STREET					
CITY/TOWN:	ABINGTON	STATE:	MA	ZIP CODE:	02351	
MANAGER:	Raples, Peter J.	TYPE OF LICENS	SE:Club		CATEGORY:	All Alcohol
EMAIL ADDR	ESS:					
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER	YOUR EMAII	ADDRESS		
DESCRIPTION	OF LICENSED PRE	MISES:				
THREE ROOM GUESTS ONL'	IS ON FIRST FLOOR Y.	AND HALL ON	SECOND	FLOOR. ME	MBERS AND	/OR
I hereby certify	and swear under penal	Ities of perjury that	t:			
1. the r	enewed license will be	of the same type	for the sai	ne premises no	w licensed;	
2. the 1	icensee has complied v	with all laws of the	Commor	wealth relating	g to taxes; and	
3. the p	premises are now open	for business (If no	t explain	below)		
SIGNED BY	Individual, Par	tner or Authorized	Corporat	e Officer		
DATE:	TELEPH	ONE NUMBER:			ER IDENTIFICATING Individual Social S	
Acts of 2004, s	signed, attest that we signed by the building and (2) the certificat	g inspector and th	e head of	the fire depar	rtment for the	e above
Please Check Belov	<u>w:</u>]	LOCAL LICE	NSING AUTH	ORITY
APPROVED:]	Ву:		
DISAPPROVE (If disapproved						
(11 disappioved	eapiaiii)					
DATE:						
APPLICATION FOR	RENEWAL MUST BE FILED I	BY LICENSEES DURING	G THE MONT	TH OF NOVEMBER	(M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMI	BER: 000200021		CITY OR TOWN ABING!	ON
APPLICATION 1	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAM	ME: LEWIS V.DORSE	Y POST #112 AM.LE	G.ABINGTON INC.	
DOING BUSINE	ESS A			
ADDRESS 1027	WASHINGTON ST			
CITY/TOWN: A	ABINGTON	STATE: MA	ZIP CODE: 02351	
	VHITMAN,CHARL TYI S F. JR.	PE OF LICENSE: Vete	erans club CATEGORY	: All Alcohol
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	AIL ADDRESS	
	OF LICENSED PREMI			
	FLR CONTAINS LOBB L. 2ND FLR,2 ROOMS		OMMON ROOM,KITCHEN RAGE.	AND
	nd swear under penalties			
1. the rea	newed license will be of	the same type for the s	same premises now licensed;	
2. the lic	ensee has complied with	all laws of the Comm	onwealth relating to taxes; and	d
3. the pro	emises are now open for	business (If not explain	in below)	
SIGNED BY				
	Individual, Partner	or Authorized Corpor	rate Officer	
DATE:	TELEPHON	IE NUMBER:	EMPLOYER IDENTIFICATION OF THE STATE OF THE	
			(Note: NOT Individual Socia	1 Security Number)
Acts of 2004, sig	gned by the building in	spector and the head	certificate required by Chap of the fire department for the cance required by Chapter 1	ne above
Please Check Below:	<u>. </u>		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved e	xpiain)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 000200024		CITY OR TOWN ABING	TON
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
DOING BUSI	AME: RFOWENS NESS A TRUCCHIS 8 BEDFORD STREI	S SUPERMARKET		
	ABINGTON	STATE: MA	ZIP CODE: 02351	
MANAGER:	TRUCCHI, WILLIAM M. JR	TYPE OF LICENSE:P	ackage Store CATEGOR	Y: Wine and Malt Regular
EMAIL ADDI	RESS:		-	
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED PI			
ONE FLOOR	AND CELLAR WIT	TH STORAGE AREA.		
	premises are now op	en for business (If not exp		
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soc	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUT	ГНОRITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU.	MBER: 000200025		CITY OR TOWN ADING	TION
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOI	R 2013
		CLASS		YEAR
DOING BUSI	AME: FARMERS SP NESS A 1 BEDFORD ST	IRITS INC		
CITY/TOWN:	ABINGTON	STATE: MA	ZIP CODE: 02351	
MANAGER:	CALDAROLA, ROBERT	TYPE OF LICENSE: Pa	ackage Store CATEGOR	RY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED PRE L, WOOD, BUILDING			
2. the	licensee has complied v premises are now open	* *		
DATE:	TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Soci	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AU By:	THORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:000200027		CITY OR TOWN	ADINGTON
APPLICATION FOR	RENEWAL:	Annual	LICENS	ED FOR 2013
		CLASS		YEAR
DOING BUSINESS	SR PACKAGE STORE A BILLY'S LIQUOR	, INC		
ADDRESS 760 BRO	CKTON AVE			
CITY/TOWN: ABI	NGTON S	STATE: MA	ZIP CODE:	02351
MANAGER: PATE PRAI	EL, TYPE O	F LICENSE: Pac	kage Store CA	TEGORY: All Alcohol
EMAIL ADDRESS:				
1	PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMISES:			
ONE FLOOR CEME GOODS STORE; TH	NT BLOCK STORE CU IREE ROOMS.	RRENTLY OPE	RATED AS A RET.	AIL PACKAGE
2. the license	ed license will be of the same has complied with all lates are now open for busing	aws of the Comnness (If not expla	nonwealth relating to in below)	
	Individual, Partner or A	uthorized Corpo	rate Officer	
DATE:	TELEPHONE NU	JMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENSI By:	NG AUTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 000200029		CITY OR TOWN	ABINGTON	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME:	DEVAL CONVE	ENIENCE, INC.			
DOING BUSINESS	A ABINGTON CO	OUNTRY STORE			
ADDRESS 854 HAN	NCOCK STREET				
CITY/TOWN: ABI	NGTON	STATE: MA	ZIP CODE:	02351	
MANAGER: PAT	EL, DEVAL TY	YPE OF LICENSE:	Package Store Ca	ATEGORY: Wine and Malt Reg	-
EMAIL ADDRESS:					
		WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF					
			NCES ARE IN FRON ALSO CELLAR STO		
2. the license	ee has complied wi		he same premises now mmonwealth relating to plain below)		
SIGNED BY	Individual, Partne	er or Authorized Cor	porate Officer		
DATE:	TELEPHO	NE NUMBER:		IDENTIFICATION NUMB	
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	nin)		LOCAL LICENS By:	ING AUTHORITY	
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 000200030		CITY OR TOWN	ABINGTO	N
APPLICATION	N FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS			YEAR
LICENSEE NA	AME: SMARTSTOP CON	VENIENCE INC			
DOING BUSIN	NESS A				
ADDRESS 270	NORTH AVENUE				
CITY/TOWN:	ABINGTON	STATE: MA	ZIP CODE:	02351	
	PATEL,BALDEVB TYPI HAIN	E OF LICENSE: Pac	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR E	MAIL ADDRESS		
	N OF LICENSED PREMISI				
AN APARTME 270 NORTH A	ENT BUILDING AND ONI VE.	E FLOOR STORAG	GE ROOM. ENTRA	NCE AND E	XIT AT
	licensee has complied with a premises are now open for b	ousiness (If not expl	ain below)	taxes; and	
	Individual, Partner of	or Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 000200031	CITY OR TOWN	ABINGTON
APPLICATION FOR RENEWAL: Annu	al LICEN	SED FOR 2013
CLAS	SS	YEAR
LICENSEE NAME: SMIT SUPERSTORE LLC		
DOING BUSINESS A ROUTE 18 SUPERSTORE		
ADDRESS 336 WASHINGTON ST		
CITY/TOWN: ABINGTON STATE:	MA ZIP CODE:	02351
MANAGER: PATEL, GAUTAM TYPE OF LICEN	SE: Package Store Ca	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:		a vo arvi in
FRONT PART OF BLDG ALL ON ONE FLOOR, REA		S, NO CELLAR.
I hereby certify and swear under penalties of perjury that 1. the renewed license will be of the same type		licansad:
2. the licensee has complied with all laws of the	=	
	e Commonwealth relating to	o taxes: and
	=	taxes; and
3. the premises are now open for business (If no	=	o taxes; and
	=	o taxes; and
3. the premises are now open for business (If no	ot explain below)	o taxes; and
3. the premises are now open for business (If no SIGNED BY	ot explain below)	o taxes; and
3. the premises are now open for business (If no SIGNED BY Individual, Partner or Authorized	ot explain below)	
3. the premises are now open for business (If no SIGNED BY	ot explain below) I Corporate Officer EMPLOYER	IDENTIFICATION NUMBER:
3. the premises are now open for business (If no SIGNED BY Individual, Partner or Authorized	ot explain below) I Corporate Officer EMPLOYER	
3. the premises are now open for business (If no SIGNED BY Individual, Partner or Authorized	ot explain below) I Corporate Officer EMPLOYER	IDENTIFICATION NUMBER:
3. the premises are now open for business (If no SIGNED BY Individual, Partner or Authorized DATE: TELEPHONE NUMBER:	et explain below) I Corporate Officer EMPLOYER (Note: NOT Ind	IDENTIFICATION NUMBER:
3. the premises are now open for business (If no SIGNED BY Individual, Partner or Authorized DATE: TELEPHONE NUMBER: Please Check Below: APPROVED:	et explain below) I Corporate Officer EMPLOYER (Note: NOT Ind	IDENTIFICATION NUMBER: ividual Social Security Number)
3. the premises are now open for business (If no SIGNED BY Individual, Partner or Authorized DATE: TELEPHONE NUMBER: Please Check Below: APPROVED: DISAPPROVED:	et explain below) I Corporate Officer EMPLOYER (Note: NOT Ind	IDENTIFICATION NUMBER: ividual Social Security Number)
3. the premises are now open for business (If no SIGNED BY Individual, Partner or Authorized DATE: TELEPHONE NUMBER: Please Check Below: APPROVED:	et explain below) I Corporate Officer EMPLOYER (Note: NOT Ind	IDENTIFICATION NUMBER: ividual Social Security Number)
3. the premises are now open for business (If no SIGNED BY Individual, Partner or Authorized DATE: TELEPHONE NUMBER: Please Check Below: APPROVED: DISAPPROVED:	et explain below) I Corporate Officer EMPLOYER (Note: NOT Ind	IDENTIFICATION NUMBER: ividual Social Security Number)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	000200032		CITY OR TO	WN ADINGIC	JIN .
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 585 WAS	HINGTON ST				
CITY/TOWN: ABIN	GTON	STATE: MA	ZIP COD	E: 02351	
MANAGER: PATE	L, HEMAL D. TYPE	E OF LICENSE:P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF L					
ONE STORY BLDG 'WASHINGTON ST.	WITH STORAGE A	REA IN REAR W	TTH ENTRANC	'E AND EXIT O	N
2. the licensee 3. the premise	d license will be of the has complied with a sare now open for b	all laws of the Con	nmonwealth relat		
SIGNED BY	Individual, Partner of	or Authorized Corp	oorate Officer		
DATE:	TELEPHONE	NUMBER:		OYER IDENTIFICAT OT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LIC	CENSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	.000200048		CITY OR TOW	N ABINGTO	N
APPLICATION FOR	RENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	DUKE JSK, IN	C			
DOING BUSINESS A	A ABINGTON I	DEPOT			
ADDRESS 101 RAIL	ROAD ST				
CITY/TOWN: ABIN	IGTON	STATE: MA	ZIP CODE:	02351	
	NOVAN, T HLEEN	ΓΥΡΕ OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EM	MAIL ADDRESS		_
DESCRIPTION OF L					
		, BOOTHS, BATHROO E, STORAGE, SERVIC			
I hereby certify and sv	vear under penal	ties of perjury that:			
1. the renewe	d license will be	of the same type for the	same premises no	ow licensed;	
2. the license	e has complied w	vith all laws of the Comn	nonwealth relatin	g to taxes; and	
3. the premise	es are now open	for business (If not expla	in below)		
SIGNED BY	Individual Part	ner or Authorized Corpo	rate Officer		
	marviauai, i art	ner of Authorized Corpo	rate Officer		
DATE:	TFI FPH	ONE NUMBER:	EMPLOY	YER IDENTIFICAT	TON NUMBER:
	ILLLIIN	OIVE IVONIBLIK.	(Note: NOT	Individual Social S	ecurity Number)
Acts of 2004, signed named license and (2	by the building	are in possession (1) the inspector and the head e of liquor liability insu	l of the fire depa	rtment for the	above
of 2010.					
Please Check Below: APPROVED:				NSING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved explai	 n)				
-					
DATE:					



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LICENSE NUMBER: 000200050		CITY OR TOWN ABING!	ON
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: MIA REGAZZ	Z A		
DOING BUSINESS A MIA REGAZ	ZZA		
ADDRESS 268 WASHINGTON ST	REET		
CITY/TOWN: ABINGTON	STATE: MA	ZIP CODE: 02351	
MANAGER: martin, john l	TYPE OF LICENSE: Rest	aurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EM.	AIL ADDRESS	
DESCRIPTION OF LICENSED PRE			
2 RESTROOMS, SEATING CAPAC	CITY 80, ONE SMALL BA	AR, EXIT AND ENTRANCE.	
			_
I hereby certify and swear under pena	2 0 0		
1. the renewed license will b	* *	•	
•		onwealth relating to taxes; and	d
3. the premises are now open	i for business (if not explai	in delow)	
SIGNED BY			
	rtner or Authorized Corpor	ate Officer	
DATE: TELEPH	HONE NUMBER:	EMPLOYER IDENTIFICA	
		(Note: <u>NOT</u> Individual Socia	l Security Number)
We the undersigned, attest that we	- , ,	<u> </u>	•
Acts of 2004, signed by the buildin named license and (2) the certification			
of 2010.	ic of inquot hability hisur	ance required by Chapter 1	10 of the Acts
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
		-	
DATE:			



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LICENSE NUMBER	:000200056		CITY (OR TOWN	ABINGTO	N
APPLICATION FOR	RENEWAL:	Annual		LICENS	SED FOR 20)13
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS A	A PizZINGS					
ADDRESS 1035 BEI	OFORD STREET					
CITY/TOWN: ABI	NGTON	STATE: N	MA ZIF	P CODE:	02351	
MANAGER: KESA	ARIS, JOHN T	YPE OF LICENSE	Restaurant	CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
DESCRIPTION OF I		R WEBSITE AND ENTER YO	OUR EMAIL ADDR	ESS		
2. the license	N FOR EMPLOY ATE GARAGE V THE FRONTK TWO PUBLIC F ITH APPROXIM wear under penalt ed license will be the has complied w	YEES; ENTRY/EXI WITH STAIRS TO LITCHEN, STORAG BATHROOMS WI' ATELY 2226 SQ. I	TON LEFT SECOND FI GE, AND EM TH HANDIC FEET OF TO r the same pr Commonweal	SIDE FOR LOOR OFFI MPLOYEE I CAP ACCES OTAL SPAC remises now th relating to	EMPLOYER CES; 715 SC BATHROOM S TO REAR E licensed;	ES Q. FT. OF 4 TO
SIGNED BY	Individual, Parti	ner or Authorized C	Corporate Off	icer		
DATE:	TELEPHO	ONE NUMBER:	(1)			ION NUMBER:
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building	inspector and the	head of the	fire departr	nent for the	above
Please Check Below:			LOC	AL LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVED: Control of the company of a surface of the company of a surface of the company of a surface of the company of the comp			By:	E EIGEN		
(If disapproved expla	III <i>)</i>					



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LICENSE NUI	MBER: 000200057		CITY OR TOWN	ABINGTON	N
APPLICATION	N FOR RENEWAL:	Annual CLASS	LICEN	SED FOR 20	13 YEAR
	AME: ARTHUR J. I	,			
ADDRESS 120	09 B BEDORD STRI	EET			
CITY/TOWN:	ABINGTON	STATE: MA	ZIP CODE:	02351	
MANAGER:	McKENNA, ARTHUR J.	TYPE OF LICENSE:	Restaurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
42 SEAT REST I hereby certify 1. the 2. the	renewed license will licensee has complied		mmonwealth relating t		
SIGNED BY	Individual, Pa	artner or Authorized Co	rporate Officer		
DATE:	TELEP	HONE NUMBER:		R IDENTIFICATI	
Acts of 2004,	signed by the buildi	re are in possession (1) ng inspector and the ho ate of liquor liability in	ead of the fire depart	ment for the a	above
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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LICENSE NUMBER: 0	00200059		CI	TY OR TOW	N ABINGTO	N
APPLICATION FOR R	ENEWAL:	Annu	al	LICE	ENSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: ODOING BUSINESS A		ALLEY GO	LF COUR	SE		
ADDRESS 164 WASH	INGTON STREET					
CITY/TOWN: ABINO	TON	STATE:	MA	ZIP CODE:	02351	
MANAGER: LANZE CHARL		OF LICEN	SE: Genera premis		CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLE	CASE ALSO VISIT OUR WEBS	SITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF LIG	CENSED PREMISE	ES:				
CLUBHOUSE CONSIS	STING OF A REFR	ESHMENT	AREA,			
2. the licensee	ear under penalties o license will be of th has complied with a are now open for bu	e same type ll laws of the	for the san e Common	wealth relating		
SIGNED BY	ndividual, Partner o	r Authorized	l Corporate	e Officer		
DATE:	TELEPHONE	NUMBER:			ER IDENTIFICAT	
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building insp	ector and th	ne head of	the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain))			OCAL LICE	NSING AUTH	ORITY
DATE:			-			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0002	200061		CITY OR TOWN	ABINGTO)N
APPLICATION FOR REN	IEWAL:	Annual	LICEN	SED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DO	TTIE'S HOUSE,INC	2.			
DOING BUSINESS A SP	ENCER'S PIZZA				
ADDRESS 123 CENTRE	AVENUE				
CITY/TOWN: ABINGTO	ON S	STATE: MA	ZIP CODE:	02351	
MANAGER: DE MELO M.	,PAULA TYPE OI	F LICENSE: Res	staurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEASE	ALSO VISIT OUR WEBSITE	AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF LICE	NSED PREMISES:				
1900 AQ. FT.					
I hereby certify and swear	-	• •			
1. the renewed lice	ense will be of the sa	ame type for the	same premises now	licensed;	
	complied with all la		•	o taxes; and	
3. the premises are	e now open for busir	ness (If not expla	in below)		
SIGNED BY					
Indi	ividual, Partner or A	uthorized Corpo	rate Officer		
DATE:	TELEPHONE NU	MBER:			ΠΟΝ NUMBER:
			(Note: NOT Inc	dividual Social S	Security Number)
We the undersigned, atta Acts of 2004, signed by t named license and (2) the of 2010.	he building inspect	or and the head	l of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
			-		
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 000200064		CITY OR TOWN	ABINGTO)N
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	RAVI CORPORAT	ION			
DOING BUSINESS	A YOUR CONVENI	IENT STORE			
ADDRESS 800 BRO	OCKTON AVENUR				
CITY/TOWN: ABI	INGTON	STATE: MA	ZIP CODE:	02351	
MANAGER: PAT N K,	EL,HANSABE TYP	E OF LICENSE:P	ackage Store C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE		EMAIL ADDRESS		
	LICENSED PREMIS				
AVENUE.SAID UN	IIT,BEING A PORTIO IIT CONTAINS STOI AIN ENTRANCE/ EX	RAGE, A WALK-	IN COOLER AND A		
	swear under penalties				
	ved license will be of the		ne same premises now	licensed;	
2. the licens	see has complied with	all laws of the Con	nmonwealth relating	to taxes; and	
3. the premi	ises are now open for b	ousiness (If not exp	olain below)		
SIGNED BY	T 1' ' 1 1 D .	A 41 1 1 G	o cc		
	Individual, Partner	or Authorized Cor	porate Officer		
DATE:			EMPLOVE	D IDENTIFICAT	FION NI IMPED.
DITTE.	TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
					•
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved explain	 ain)				
· · · · · · · · · · · · · · · · · · ·	·· ,				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 000200065		CITY OR TOWN	ABINGTO	N
APPLICATION FO	OR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
	E: STIX & STONES				
DOING BUSINES	S A STIX & STONE	ES RESTAURANT,	LOUNGE AND BIL	LIARDS	
ADDRESS 800 BF	ROCKTON AVENUE	3			
CITY/TOWN: AI	BINGTON	STATE: MA	ZIP CODE:	02351	
MANAGER: WI R.	LLIAMS, ROY TY	PE OF LICENSE: R	estaurant (CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
	F LICENSED PREM				
_	AURANT IN SMAL		ZA		
•	d swear under penaltie			11 1	
	ewed license will be o		_		
	nsee has complied wit mises are now open fo		•	to taxes; and	
3. the pren	mises are now open to	i business (ii not ex	Jiam below)		
SIGNED BY					
	Individual, Partne	er or Authorized Cor	porate Officer		
DATE:	TELEPHO	NE NUMBER:		R IDENTIFICAT	
			(Note: <u>NO1</u> li	ndividual Social S	security Number)
Acts of 2004, sign	ned, attest that we ar ned by the building in d (2) the certificate o	nspector and the he	ad of the fire depar	tment for the	above
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:]		By:		
DISAPPROVED:	1:)				
(If disapproved exp	piain)				
DATE:					
<i>ν</i> , 11 μ ,					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 000200066		CITY OR TOWN	ABINGTON			
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013			
		CLASS		YEAR			
LICENSEE NA	AME: ZALA, INC						
DOING BUSI	NESS A JD VARIETY						
ADDRESS 20	1 NORTH QUINCY ST						
CITY/TOWN:	ABINGTON	STATE: MA	ZIP CODE:	02351			
MANAGER:	PATEL, T MANJULABEN J.	YPE OF LICENSE:Pac	ckage Store CA	ATEGORY: All Alcohol			
EMAIL ADDR	RESS:						
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS				
DESCRIPTION	N OF LICENSED PREM	MISES:					
WALK IN CO	「APPROX 41X35 SQ F OLER AND 8X6 STOR AR EXIT FOR DELIVE	AGE ROOM; MAIN E	NTRY/EXIT ONTO				
I hereby certify	and swear under penalt	ies of perjury that:					
-	renewed license will be		same premises now	licensed;			
2. the	licensee has complied w	rith all laws of the Com	nonwealth relating to	taxes; and			
3. the	premises are now open to	For business (If not expl	ain below)				
SIGNED BY							
	Individual, Parti	ner or Authorized Corpo	orate Officer				
DATE:	TELEPHO	ONE NUMBER:	NUMBER: EMPLOYER IDENTIFICATION NUM				
			(Note: NOT Ind	ividual Social Security Number)			
Please Check Belo	ow.		LOCALLICENS	INC AUTHODITY			
APPROVED:			LOCAL LICENSING AUTHORITY By:				
DISAPPROVE	ED:		By.				
(If disapproved	l explain)						
			-				
DATE:							